



ASC Utilization Report  
State Form 49933 (R3/6-05)  
Indiana State Department of Health  
Acute Care

Status: Finalized

I. Center Identification

Organization Name: GOSHEN HEALTH SURGERY CENTER LLC

Street Address: 1605 Winsted Drive

City: Goshen

County: Elkhart

Administrator Name: Kimberly S. Larsen MBA BSN RN CNOR

Administrator Email: klarsen@goshenhealth.com

ASC Web Address: n/a

Fiscal Year: 2017

Accredited:  Yes  No

Name of Accrediting Body: AAAHC

Deemed Status:  Yes  No

Corporate Tax Status:  For Profit  Non Profit

II. Identification of Surgical Resources

Number of operating rooms	2
Number of procedure rooms	2

III. Utilization Statistics

A. Total Patients and Procedures		
Time Period	Number of Patients	Number of Procedures
Persons Served in twelve-month period	124	191
B. Ten Most Frequent Surgical Procedures Performed		
CPT Code	Total Procedures	
62323	33	
64721	14	
G0260	12	
29826	10	
64416	9	
64496	9	
29827	8	

62321	8
26055	7
29824/29881/64445	5

#### IV. Outcomes from Surgical Procedures

Number of patients with a Post-Surgical wound infection within 30 days following a surgical encounter.	0
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